

Department of Community and Human Services (DCHS)

2011 Equity and Social Justice Initiative Activities

Research on Service Access and Other Activities

Background

DCHS incorporates equity and social justice principles and analysis into several aspects of its work. For the past three years, three divisions (*Community Services; Developmental Disabilities; and Mental Health, Chemical Abuse and Dependency Services*) have analyzed differences in client access rates to select programs across racial/ethnic groups. Below is a summary of these findings. The latter divisions have also conducted other research and activities (see *related handouts for overview*). Also listed are other DCHS activities related to equity and social justice.

Service Access

Background

As in the previous three years, DCHS conducted research on client access for a select number of its programs across racial/ethnic groups. This analysis focused on the following services:

- ◆ Homeless services;
- ◆ Early intervention services for children ages birth to three with a developmental disability; and
- ◆ Outpatient mental health treatment, outpatient substance abuse treatment, and opiate substitution treatment.

Results

Client access rates across racial/ethnic groups remain nearly unchanged from the trend of the last three years for the DCHS services studied.

- ◆ Asians/Pacific Islanders and Whites continued to be underrepresented among homeless services clients whereas American Indians/Alaskan Natives, Blacks, and Hispanic/Latinos were overrepresented. In comparison to 2010 data, Whites increased in their underrepresentation whereas Blacks became more overrepresented.
- ◆ Nearly all Census racial groups and the Hispanic/Latino ethnicity were proportionately represented among children enrolled in Birth-to-Three early intervention services to address their developmental delays.
- ◆ Most U.S. Census racial groups and the Hispanic/Latino ethnicity were only slightly over or underrepresented among mental health and substance abuse service users, save American Indians/Alaskan Natives and Asians/Pacific Islanders who were over and under-represented respectively.

Other Activities

Equity Impact Analysis

- ◆ Anna Markee, Special Projects Manager, considered the social determinants of equity in the planning and preparation for the Veteran's & Human Service Levy Renewal.
- ◆ Deborah Kuznitz and Debbie Knowles with the Housing & Community Development Program, intentionally used an equity lens as they prepared their Request for Qualifications for the Coordinated Entry and Assessment Program for families experiencing or facing imminent risk of homelessness.
- ◆ DCHS fiscal staff received training from the Office of Performance, Strategy and Budget (PSB) on applying the EIR tool for the 2012 budget.

Staff Education

The DCHS Equity and Social Justice (ESJ) Committee sponsored three events in 2011:

- 1) A forum focused on race and the criminal justice system. More than 150 people attended.
- 2) A gender diversity panel presentation. Over 50 people attended.
- 3) A follow-up forum to its gender diversity panel event. This focused on gender diversity issues in the workplace. More than 30 people attended.

The first two of the above events were videotaped and made available to King County staff on KCTV.

- ◆ Each division has made a half-hour presentation at the DCHS All-Staff meeting they hosted on how equity and social justice relates to their focus area(s), either by staff presenting or by having one of their contracted providers present.
- ◆ ESJ-related work undertaken by DCHS staff was reported in the DCHS employee newsletter several times throughout 2011.

2011 Equity and Social Justice Initiative Research

Assessment of Homeless and Housing Support Services Fund Request for Proposals Processes

Background

In 2010, CSD researched why Asians and Pacific Islanders are underrepresented among clients of King County-funded homeless programs. The primary reason found was a cultural bias among this population to seek assistance from friends and family over service providers. Stemming from this analysis, CSD decided to assess in 2011 its Homeless and Housing Support Services Fund (HHSSF) Request for Proposals (RFP) processes. It sought to determine if there are barriers to accessing funding resources for service providers who focus on immigrants and refugees. Below is an overview of the research and its results.

Methodology

An online survey was conducted in June 2011, targeting both successful and unsuccessful applicants for capital and service funds under the King County Combined Notice of Funding Availability (NOFA) for homeless housing. It assessed agencies' experience with the 2010 funding round. To identify possible barriers to accessing funding, agencies were asked to rate the ease or difficulty of the funding process. Both multiple choice and open-ended questions were used.

Survey invitations were sent to housing providers who are members of the King County Committee to End Homelessness (CEH). In order to ensure strong participation by smaller agencies serving immigrants and refugees, survey invitations were also sent to all agencies attending the recent CEH mid-plan review session on immigrants and refugees. Thirty-six agency representatives responded to the survey, most of whom are housing support services providers or non-profit housing developers (*full list of respondents on next page*).

Results

Survey results show that agencies do not find the funding process particularly difficult.

- ◆ While agency capacity to develop projects on the scale necessary is limited, the process of learning about and applying for funding is not onerous.
- ◆ Everyone who attended found the bidders' conference useful.
- ◆ The application itself is not difficult.
 - ◇ Sixteen percent of respondents considered it a barrier to accessing funding.
 - ◇ Budget forms are the most difficult part of the application, but only 9% rated them as *Very Difficult*.
- ◆ Funding decisions are well-communicated and the appeals process is well-understood.

Barriers to funding stem from limited agency developmental capacity to develop an eligible project on their own.

- ◆ Fully 95% of respondents cited agency developmental capacity as a barrier to securing funding. This appears likely because many agencies do not have the resources to develop the kind of complex, and resource intensive project to provide housing and services to persons experiencing homelessness over a span of years.
- ◆ Slightly over half of the respondents felt that limited agency technical skills and/or staff resources to write the application is a barrier.
- ◆ A number of respondents cited the cost of grant writing consultants for small organizations as a barrier to completing a full application.

Partnerships are key to accessing this funding source.

Suggestions for making the funding process more accessible for smaller agencies received the following positive support:

- ◇ Encouraging partnerships with larger, more established agencies (52%).
- ◇ Creating a collaborative of other small agencies (47%).
- ◇ Having the funder's collaborative provide more technical assistance directly (47%).
- ◆ Specific suggestions for technical assistance included help with grant writing and reviewing the budget forms in detail at the bidders' conference. Deemed less useful would be having the funder's collaborative fund more technical assistance in the community (33%).

Agencies are very interested in creating partnerships with other agencies to access or provide more culturally competent services. Fully three-quarters of respondents are interested in partnering with another agency to provide more culturally competent services.

Survey Respondents

Affordable Housing Management Assoc. of WA
Amadon Consulting
Catholic Community Services
CEC/Bunkhouse
Congregations for the Homeless
Downtown Emergency Service Center
Domestic Abuse Women's Network
Eastgate/Downtown Public Health Centers
Eastside Domestic Violence Program
Family Promise of Seattle
First Place
Health Care for the Homeless
Hope Housing Services
Hopelink
Imagine Housing
Interfaith Task Force on Homelessness
Jewish Family Services
Low Income Housing Institute
Mercy Housing Northwest
Millionair Club Charity
Multi-service Center
Navos
Neighborcare Health - 45th Street Homeless Youth Clinic
Peace for the Streets by Kids from the Streets
Plymouth Housing Group
Recovery Cafe
Refugee Women's Alliance
Solid Ground
UNIS
Valley Cities
Volunteers of America Western Washington
Way Back Inn
YMCA of Greater Seattle
YouthCare
YWCA

Developmental Disabilities Division

2011 Equity and Social Justice Initiative Research

Recommendations for Improving Access to Early Intervention Services for Children and Families

Background

In 2008, the King County Interagency Coordinating Council (KCICC) agreed to be the lead organization in implementing the activities of the Early Intervention/Prevention Action Team, one of five action teams identified in the SOAR Early Childhood Plan. SOAR is a community coalition of early childhood stakeholders. It was initially sponsored by United Way, but is currently sponsored by the YWCA.

One strategy which emerged from the Action Team was to target our bi-lingual/bi-cultural communities to increase their understanding of developmental delays and knowledge of how to access early intervention services. Initially, it was determined that the greatest need was in the Somali, Vietnamese and Spanish-speaking communities. In 2010, Chinese languages were added to the program.

Members of the Action Team believed the most effective way to reach these communities was by providing information around developmental disabilities in their own languages and by their own community members. These “promotores,” or community mentors, provided outreach to their communities at community training events and through participating in a variety of community fairs, celebrations and other events.

By 2010, one of the additional strategies from the Action Team and the ARRA childfind subcommittee of the KCICC was to use Federal stimulus funds to pilot a program that provided training to some of the community “promotores.” KCDDD contracted the YWCA/SOAR to implement this project.

Methodology

SOAR recruited, trained and supported a cadre of 8 bilingual/bicultural community liaisons in becoming registered Family Resource Coordinators (FRCs). Qualifications for liaisons included being knowledgeable of, active in and respected by their communities; being bilingual in English and their first language; and having an interest in becoming an FRC. Training activities included:

- ◆ Intensive “boot camp” training by SOAR and KCDDD staff in the areas of leadership, outreach, and the dynamics of the DDD system.
- ◆ Completion of the state process to become a registered FRC.
- ◆ Training in the implementation of a screening tool.
- ◆ Monthly debriefing meetings with SOAR and KCDDD staff to discuss and problem solve around case issues.

Upon completion of the training phase, the FRCs spent the final two months of the project working in the field with contracted Early Intervention (EI) provider agencies. These agencies provided supervision of the trainees and some real life experiences in activities of an FRC. Trainees also assisted with community-based screenings of young children at natural gatherings within the various bilingual/bicultural communities.

Results

All eight of the FRC trainees were successful in becoming registered by the state of Washington. Six of the trainees successfully completed their internship and remain active in SOAR. They provide services in Spanish, Somali, Vietnamese, and Chinese languages.

SOAR trainees completed internships with four King County EI providers: Birth to 3 Developmental Center, Boyer Children’s Clinic, Northwest Center, and South King Intervention Program (SKIP). A survey of EI providers regarding their experience with the interns was very positive. It revealed important information for improving future efforts, such as providing longer internships and training for the interns on technical writing skills.

Trainees were very active in their respective communities, providing outreach and education through home visits, community meetings, and events and other natural gatherings:

- ◆ Three hundred and fifty-seven families received outreach and education service through individual ^{1/12/2012} at community-based organizations. Another 1,437 families received educational information regarding developmental delays and the EI service system through community-based meetings and events.
- ◆ A total of 38 families were referred to the EI system and connected with a 1-800 number or early intervention providers. Another 45 families expressed some concerns regarding their child’s development. They accepted referral information but did not desire follow-up support.

- ◆ In post-involvement surveys, 86% of parent/caregiver participants endorsed increased knowledge of child development, developmental delays and EI services available.

Findings

The 2011 outreach and education efforts to Hispanic, Somali and Vietnamese communities were highly successful. Efforts at engagement in the Chinese and Russian-speaking communities began, but did not experience the same degree of participation, particularly in the Russian-speaking communities. Efforts in 2012 will continue to reach those two communities. Experience has shown different approaches will be necessary.

Recommendations

Future efforts will include supporting the FRC interns in successfully seeking employment in the field. To date, four of the interns have applied for positions and one has been hired. We also intend to support the interns in doing contract work with EI providers on a case-by-case basis.

SOAR will continue to develop the pool of qualified bilingual/bicultural FRC's through its ongoing outreach and education partnership with KCDDD, including by increased training, continued FRC registration, outreach and education to the community, job counseling and partnering with early intervention providers.

As part of the FRC training, the interns learned how to administer the *Ages and Stages Questionnaire*, one tool used to screen children for developmental delays. This will enable the promotores to conduct screening events and conduct hands-on screenings for families rather than refer children elsewhere. Because of the ability to receive more immediate feedback, early intervention services will be more easily accessed.

Mental Health, Chemical Abuse and Dependency Services Division

2011 Equity and Social Justice Initiative Research

Recommendations for Improving Mental Health and Substance Abuse Treatment for Older Adults

Background

In its prior years' analysis of local service utilization, the Mental Health, Chemical Abuse and Dependency Services Division noticed that older adults with outpatient mental health benefits were using them at a lower rate than their younger counterparts and that they were under-represented in numbers of people seeking substance abuse treatment. Coupled with the knowledge that older adults comprise an increasing percentage of the overall population, and a population likely to benefit from integration of behavioral and physical health under health care reform, it sought to better define the older adult population in need of mental health and or substance abuse treatment and to identify treatment barriers for this population, as well as potential solutions to increase access and improve outcomes. Listed below are highlights of this research and preliminary recommendations. Findings and recommendations will be considered when the Division develops an older adult plan.

Findings

Mental illness and substance use are common among older adults.

- ◆ Nationwide, 20-25 percent of persons age 65 and older have a psychiatric illness. Depression is the most common mental illness. Suicide rates are highest among older adults.
- ◆ King County's Mental Illness and Drug Dependency (MIDD) sales tax-funded program to screen for depression and anxiety in public health safety net clinics found that about half of those age 50-60 screened positive for depression. Rates were higher in older age groups, particularly among women. Among individuals 80+ years old, almost 80 percent of women screened positive for depression.
- ◆ Alcohol is by far the most commonly abused substance by older adults.
 - ◇ Among older adults in outpatient chemical dependency treatment, the primary substance used was alcohol (76%), followed by cocaine (9%) and heroin (8%).
 - ◇ In the county's MIDD-funded emergency department screening program (SBIRT), 40 percent of the older adults screened had an identified alcohol risk and 16 percent an identified drug risk.
- ◆ Among older adults with outpatient mental health benefits, about 16 percent have a co-occurring substance use disorder. In comparison, more than 40 percent of individuals receiving the county's most intensive level of outpatient mental health services have a co-occurring substance use disorder.

Treatment Works! Older adults in King County are more likely to complete outpatient substance abuse treatment than their younger counterparts.

Service use declines with age.

- ◆ Only one percent of homeless older adults are within the group of highest utilizers of acute care services (i.e., psychiatric hospitalization, sobering, jail), compared with five percent of homeless adults age 18-59.
- ◆ Older adults receive county outpatient mental health benefits at rates fairly close to their proportion in the King County poverty population. However, their service utilization significantly declines as their age increases from age 60-69 thru age 80+.
- ◆ Older adults (age 60+) comprised only two percent of those admitted into publicly-funded chemical dependency treatment over a two year period, about 250 people out of nearly 13,000 treated.
- ◆ Eighty-four percent of older adults involuntarily detained were not enrolled in any of our mental health benefit programs at the time of crisis.

Dementia is a common complicating factor for many older adults.

- ◆ Twenty-seven percent of older adults seen by the county's Crisis and Commitment Services have been diagnosed with dementia at some point, with the percentage increasing as age increases.
- ◆ More than one-third (37.6%) of older individuals who have received any crisis service through the King County Regional Services Network (RSN) also have a dementia diagnosis.
- ◆ Individuals with a co-occurring dementia diagnosis access mental health services at lower rates than their same-age counterparts. The percentage of clients with a dementia diagnosis increases as age increases.

Other medical illnesses contribute to the complexity of serving older people.

- ◆ Of individuals who receive a crisis service, 8.2 percent are homebound/medically compromised.
- ◆ One-third of older adults boarded were done so for medical reasons. Older adults who are detained must be transported

by ambulance on stretchers to attend their court hearings, burdening the patients and institutions involved, as well as adding costs.

The service system is challenged in meeting the needs older adults.

- ◆ In 2010, nearly two-thirds of county detentions for individuals age 60 and over resulted in boarding. This totaled 251 instances of boarding and 1,068 boarding days.

Treatment Barriers for Older Adults

Numerous fiscal, service system, clinical, and societal barriers make it difficult for older adults with serious mental illnesses and/or chemical dependency issues to find long-term, community-based treatment, housing, and supports.

- ◆ Current healthcare (sans behavioral health) reimbursement and fiscal policies tend to favor inpatient versus outpatient care, medical versus psychological care, acute versus chronic care, and more restrictive versus less restrictive care.
- ◆ Medicaid funding is largely focused on institutional services.
- ◆ Medicare coverage for mental health services is limited.
- ◆ Under-screening, under-recognition, and under-diagnosis of mental health and substance use issues in this population is common.
- ◆ Medical co-morbidities limit care access:
 - ◇ lack of medical-psychiatric placements;
 - ◇ need to coordinate care with primary care;
 - ◇ transportation and mobility issues;
 - ◇ lack of availability of home-based services and home-based reimbursement mechanisms; and
 - ◇ ineligibility of dementia diagnosis for funded services.
- ◆ Structural issues contribute to difficulties serving this population:
 - ◇ lack of coordination between RSN and aging/disability services;
 - ◇ workforce shortage of geropsych specialists;
 - ◇ lack of facilities prepared for ethnic diversity of aging population; and
 - ◇ need for more workforce training and technical assistance.
- ◆ Residential programs have great latitude in their rights to refuse individuals.

Recommendations

As part of health care reform planning:

- ◇ Expand substance abuse and mental health screening opportunities for older adults in medical settings and other aging service programs.
- ◇ Explore linkages with aging and disability services.
- ◇ Explore policy and service delivery design reform of Medicare/Medicaid regulations that create barriers to care through eligibility and reimbursement restrictions.
- ◆ Increase system capacity to provide in-home services.
- ◆ Improve substance abuse/mental health knowledge base of primary care providers treating older adults.
- ◆ Explore mechanisms to increase the number of qualified geriatric mental health specialists.
- ◆ Provide mental health treatment services in non-traditional settings to overcome stigma associated with mental health services.
- ◆ Provide specialized substance abuse services in non-traditional settings to overcome stigma associated with substance abuse services.
- ◆ Examine the causes behind the relative underutilization of mental health services among older adults with outpatient benefits.
- ◆ Explore greater incorporation of peers into service delivery models.
- ◆ Explore policies that create barriers to placing individuals in Skilled Nursing Facilities (SNF) and Adult Family Homes.
- ◆ Train more providers in differential diagnosis of dementia/mental illness.
- ◆ Expand diversity capacity of residential providers.
- ◆ Increase medical/psychiatric resources for residential and hospitalized individuals.
- ◆ Develop secure facilities (short of a SNF) where people would still have some independence.
- ◆ Conduct video court hearings for geriatric patients committed at Northwest Hospital so that they do not have to be transported by ambulance to Harborview.